



CASH CLAIM FORM

Date : 7.2.24

BU/BR/Division : Ramon

Department : Administration

Issue Amount : 96000/- ✓ Kyats/.....USD

Budget include (or) Not :

Yes Budgeted Title and Amount :

No Reasons for :

Required For:

Recon security of for (14.1.24 to 1.2.24)

မှတ်ချက်။

(၁) အဆင့်ဆင့်သက်ဆိုင်ရာတာဝန်ရှိသူကြီးမင်းများအားလုံး သေချာစွာစစ်ဆေး၊ တွက်ချက်ပြီးထားသော ငွေပမာဏဖြစ်ရပါမည်။
(The amount requested must be properly calculated, checked and verified by respective authorized person)

(၂) ထုတ်ယူငွေနှင့် ပတ်သက်၍ အမှားအယွင်း၊ လိမ်လည်မှု နှင့် အလွဲသုံးစားမှု တစ်စုံတစ်ရာ ရှိခဲ့ပါက၊ သက်ဆိုင်ရာ၊ တာဝန်ရှိစစ်ဆေးအတည်ပြုသူက အပြည် အဝ ပြန်လည်ရရှိအောင် တာဝန်ယူ ဆောင်ရွက်ပေးရမည်
(If there is errors, frauds or misappropriation, the authorized person must take full responsibility to recover the loss)

Request By	Checked By	Checked By	Approved By	Approved By
Nao Ahi Moe yar	Zaigar Lim	Khin Swe Win	Aung Hein Win	
Requester	Mgr/DH	Finance & Account	GM/AGM/COO	CMC/CEO/Chairwoman



OVERTIME REQUEST FORM

BU/BR/Div Name *Recon*
 Department *Administration*
 Reason for Overtime :

No	Date	Name	Rank	Time		Hours	Amount	Remark
				From	To			
1.	14.1.2024	<i>[Handwritten Name]</i>		17:00	07:00	8 hrs	8000/-	<i>[Handwritten Remark]</i>
2.	16.1.2024	<i>[Handwritten Name]</i>		07:00	17:00	8 hrs	8000/-	<i>[Handwritten Remark]</i>
3.	17.1.2024	<i>[Handwritten Name]</i>		17:00	07:00	4	8000/-	<i>[Handwritten Remark]</i>
4.	24.1.2024	<i>[Handwritten Name]</i>		17:00	07:00	4	8000/-	<i>[Handwritten Remark]</i>
5.	25.1.2024	<i>[Handwritten Name]</i>		17:00	07:00	4	8000/-	<i>[Handwritten Remark]</i>
6.	26.1.2024	<i>[Handwritten Name]</i>		17:00	07:00	4	8000/-	<i>[Handwritten Remark]</i>
7.	28.1.2024	<i>[Handwritten Name]</i>		07:00	17:00	4	8000/-	<i>[Handwritten Remark]</i>
8.	29.1.2024	<i>[Handwritten Name]</i>		07:00	07:00	4	8000/-	<i>[Handwritten Remark]</i>
						Total Hours	64 hrs	
						Total Amount	64000/-	

Prepared By *[Signature]*
Arkar Soe
 Name:

Knownledged By *[Signature]*
 Name: *Nawo Ahl Mee gar*

Approved By *[Signature]*
 (GM/AGM/COO) Name: *Aeng Hein Win*
 Check By HR *[Signature]*
 Name: *Nawo Ahl Mee gar*

05-CHL-HRM-FRM-020-04



OVERTIME REQUEST FORM

BU/BR/Div Name *Recon*
 Department *Administration*
 Reason for Overtime :

No	Date	Name	Rank	Time		Hours	Amount	Remark
				From	To			
1.	30.1.2024	<i>[Handwritten Name]</i>		17:00	07:00	8 hrs	8000/-	<i>[Handwritten Remark]</i>
2.	31.1.2024	<i>[Handwritten Name]</i>		17:00	07:00	4	8000/-	<i>[Handwritten Remark]</i>
3.	1.2.2024	<i>[Handwritten Name]</i>		07:00	17:00	4	8000/-	<i>[Handwritten Remark]</i>
4.	1.2.2024	<i>[Handwritten Name]</i>		17:00	07:00	4	8000/-	<i>[Handwritten Remark]</i>
						Total Hours	32 hrs	
						Total Amount	32000/-	

Prepared By *[Signature]*
Arkar Soe
 Name:

Knownledged By *[Signature]*
 Name: *Nawo Ahl Mee gar*

Approved By *[Signature]*
 (GM/AGM/COO) Name: *Aeng Hein Win*
 Check By HR *[Signature]*
 Name: *Nawo Ahl Mee gar*

05-CHL-HRM-FRM-020-04